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|  | **Archived Records Memo for Adoption** |  |
| DATE |
| TO: **Adoption Archives** **Adoption Program Manager** | FROM: (NAME, OFFICE, REGION) |
| CHILD’S BIRTH NAME | DATE OF BIRTH | CHILD’S ADOPTED NAME |
| BIRTH PARENT NAME | BIRTH PARENT NAME |
| ADOPTIVE PARENT NAME | ADOPTIVE PARENT NAME |
| DATE OF ADOPTION DECREE | SUPERIOR COURT WHERE ADOPTION WAS FINALIZED |
| Number of Volumes:  | Number of Boxes:  |
| Redacted disclosure (USB stick) password:  |
| **HQ Office Use Only** |
| **[ ]**  All required documents in file or in file upload. [ ]  The Child and Family Medical Background Report (DCYF 13-041), [ ]  Pre Adoption Disclosure is in file upload [ ]  The Post Placement Report (DCYF 27-107) [ ]  The Adoption Decree [ ]  The Dismissal of Dependency Order**[ ]**  This record was sent to Headquarters without being properly prepared for archiving. The following documents were not sent in the file or in file upload. **[ ]**  The Child and Family Medical Background Report (DCYF 13-041)  **[ ]**  The Child and Family Medical Background Report (DCYF 13-041) was unsigned [ ]  Pre-Adoption Disclosure was not uploaded [ ]  The Post Placement (DCYF 27-107) **[ ]**  The Adoption Decree **[ ]**  The Dismissal of Dependency Order**Disposition:****[ ]**  File Archived**[ ]**  E-mail or telephone call to social worker requesting missing documents**[ ]**  File returned to case worker for proper archiving |
| Number of Volumes:  | Number of Boxes:  |